

EXECUTIVE LOBBYING  
REGISTRATION/ RENEWAL FOR  
THE YEAR OF 2007

(Fill in year.)

**Instructions**

1. Print in ink or type.
2. Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quad Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
3. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME KYZAR-Shirley Pam  
Last First MI

2. BUSINESS PHONE 225-930-7727  
Area Code and Phone Number

3. FAX NUMBER 225-930-7777

4. BUSINESS ADDRESS 7884 OFFICE PARK BLVD., SUITE 200 BATON ROUGE LA 70809  
Street and No. City State Zip

MAILING ADDRESS 7884 OFFICE PARK BLVD., SUITE 200 BATON ROUGE LA 70809  
Street and No. City State Zip

5. EMPLOYER BELLSOUTH BUSINESS SYSTEMS, INC.

6. EMPLOYER'S ADDRESS 7884 OFFICE PARK BLVD., SUITE 200 BATON ROUGE LA 70809  
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name BELLSOUTH CORPORATION AND ITS SUBSIDIARIES AND AFFILIATES

Address 7884 OFFICE PARK BLVD., SUITE 200 BATON ROUGE LA 70809

Business or purpose SALES AND SERVICE

Does this person pay you? NO

If No, who pays you? BELLSOUTH BUSINESS SYSTEMS, INC.

FOR OFFICE USE ONLY

Postmark Date: 12-25-06

REC-2007  
12-21-06  
\$110  
WMI

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2006 DEC 29 AM 10:05

ETHICS REGISTRATION  
UNPAID FINANCE  
RECEIVED

Rev. 2/24/07 PM

## EXECUTIVE LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Pam Ryan Shumley  
Signature of Lobbyist

